

Health Screening & Physical Examination Approval Form

This form is required for all health screening events involving WesternU students. The process ensures that WesternU students are covered by the University's medical malpractice insurance. After completing the form contact Office of University Student Affairs (USA) or COMP-Northwest Student Affairs to receive approval and the compliance paperwork.

- Submit this form no less than FOUR weeks before your scheduled event.
- Return the required documentation no more than ONE week following the event.

---WesternU Information---

Class/Club/College Organizing Event:			
Student Organizer:		Student's E-Mail:	@westernu.edu

---Community Organizer's Information---

Name:		E-mail:		Phone:	
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Certificate of Liability Insurance (COI)*: If the Community Organizer (CO) is asking for a COI, ask them to contact University Student Affairs (studentaffairs@westernu.edu) directly.

Contract/Agreement*: All contracts must be reviewed by University Legal and signed by a designated signatory. If the CO requires a contract, please send it to: studentaffairs@westernu.edu.

**COI requests may delay approval by 2 weeks and a contract by 4-6 weeks.*

Is a COI or Contract required?

COI <input type="checkbox"/> No <input type="checkbox"/> Yes	Contract <input type="checkbox"/> No <input type="checkbox"/> Yes
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---Event Information---

Event Name:					
Date:		Start Time:		End Time:	
Building Name:					
Address:		City:		State:	
Primary Languages of Participants:			Estimated Number of Participants:		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean Other: _____			Adults: _____	Animals: _____	
			Children: _____	Type: _____ (e.g. dogs)	

---Health Professional(s) Overseeing Event---

Must be a WesternU Faculty or Preceptor and licensed in the State of California or Oregon. (Scope of Practice Guide)

Full Name of WesternU Faculty/Preceptor:	E-mail Address:	Degree(s):	Screenings Offering at Event: (e.g. Blood Pressure)

If Providing Vaccines:	Person providing the on-site EpiPen?		
	Who is supplying the vaccines?	<input type="checkbox"/> San Bernardino Co <input type="checkbox"/> L.A. Co <input type="checkbox"/> WesternU Pharmacy <input type="checkbox"/> Other _____	
	Clinician has a California Immunization Registry (CAIR) login? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of clinician responsible for entering in to cairweb.org (<i>a WesternU requirement</i>): _____	

---Required Documentation for This Event---

- To be returned to University/COMP-Northwest Student Affairs within one week of event:
1. **WesternU Participant List:** All student participants and WesternU Health Professional(s) sign.
 2. **Participant Waiver Forms:** All community participants/clients sign a waiver **before screenings are provided**.
 3. **Vaccine & Sports Physicals require additional paperwork.** (contact the office of University/COMP-Northwest Student Affairs)

Event Approval: *We will provide an electronic copy of this approval to your preceptor/faculty once signed.*

➔ University/COMP-NW Student Affairs: _____ Date: _____

For Office Use Only:	Binder # _____ <input type="checkbox"/> APHA Certs <input type="checkbox"/> Approval Sent <input type="checkbox"/> Calendar Notes: _____
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